

2860

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction. AGE should be stated EXACTLY.

Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH			
<b>PLACE OF DEATH</b> COUNTY <u>Graham</u> DISTRICT <u>Thatcher</u> TOWN <u>"</u> OR CITY <u>"</u>		TERRITORIAL INDEX NO. <u>125</u> COUNTY REGISTERED NO. <u>16</u> LOCAL REGISTRAR'S NO. <u>9</u>	
FULL NAME <u>Mina Duke</u>			
PERSONAL AND STATISTICAL PARTICULARS.			
SEX <u>Female</u> DATE OF BIRTH <u>Nov 18</u> 19 <u>92</u> AGE <u>20</u> yrs <u>2</u> mos <u>7</u> days OCCUPATION (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>run</u>	COLOR or RACE <u>White</u> SINGLE <u>MARRIED</u> WIDOWED <u>or DIVORCED</u>	<b>MEDICAL CERTIFICATE OF DEATH</b> DATE OF DEATH <u>1</u> / <u>25</u> / <u>1913</u> (Month) (Day) (Year) I hereby certify, that I attended deceased from <u>1/24/13</u> to <u>1/24/13</u> ; that I last saw her alive on <u>1/14</u> 191 <u>3</u> and that death occurred on the date stated above at <u>6 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>As not known</u> (Duration) <u>3</u> yrs <u>1</u> mos <u>4</u> days Was disease contracted in Arizona? <u>yes</u> If not, where? _____ CONTRIBUTORY _____ (Duration) _____ yrs _____ mos _____ days (Signed) <u>W. E. Platt</u> M. D. _____, 191 <u>3</u> (Address) <u>Safford</u> *In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE At place of death _____ yrs _____ mos _____ ds. In Arizona _____ yrs _____ mos _____ ds. Former or Usual Residence _____ Filed <u>Feb. 5</u> 191 <u>3</u> <u>Mrs. H. D. French</u> Local Registrar Filed <u>2/8</u> 191 <u>3</u> <u>R. E. Dryden</u> County Registrar.	
BIRTHPLACE (State or country) <u>Arizona</u>			
PARENTS NAME OF FATHER <u>James M. Duke</u> BIRTHPLACE OF FATHER (State or country) <u>Utah</u> MAIDEN NAME OF MOTHER <u>Lillian Alford</u> BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mina Duke</u> (Address) _____			
PLACE OF BURIAL OR REMOVAL <u>Thatcher</u>		DATE OF BURIAL OR REMOVAL <u>1/28</u> 191 <u>3</u>	
UNDERTAKER _____		ADDRESS _____	